

against the spot, which soon admitted it, a few drops of blood escaping. The sound was moved round between the head and the womb. By degrees with the fingers we dilated sufficiently to get in a small Barnes' bag. Dilatation rapidly proceeded, the membranes were ruptured, and a healthy child was safely delivered with the forceps.

In this case, had the head not been low down in the pelvis, thus enabling us the more readily to use the speculum and detect the position of the occluded os, there seemed no alternative but to incise the uterus at its most dependent part.

Longford, Ireland.

A CASE OF ACUTE ORCHITIS FOLLOWING INFLUENZA.

By T. GORDON KELLY, M.D. DUB., &c.

IN connexion with the case recorded by Dr. Harris in THE LANCET of Jan. 2nd the following notes may be of interest.

On Jan. 3rd I was called to see a man, J. C—, aged thirty-two. He was complaining of sickness of the stomach, pains in his head, limbs, and back, and a slight nasal catarrh. His temperature was 102°·8°; pulse 120. I diagnosed the case as influenza, and put him on quinine, dilute hydrochloric acid, and bark, and a nourishing but plain diet. On Jan. 12th he had become almost quite well again, but had not left his room; and when visiting him again on the 13th I found him complaining of pain, swelling, heat and redness of his left testicle. Temperature 102°·4°. I gave him a smart purgative, and had the scrotum supported by a pillow placed edgewise between his thighs, and as the pain was very great I applied belladonna over the scrotum and along the groin. He got on well, and by Feb. 1st had become convalescent.

This case seemed to me to be one exactly similar to that recorded by Dr. Harris, since in this, as in his case, the patient never left his room, had no urinary troubles, and could not account for the swelling in any way. As regards the orchitis, I can only imagine that in some way the influenza brought it on.

Desford, Leicester.

CASE OF UNUSUAL MUTILATION IN CHILDBIRTH.

By J. M. BARBOUR, M.B.

THE following case is perhaps unique in the "accidents" of midwifery.

M. K—, an unmarried woman travelling alone in a compartment of a suburban train, was suddenly seized with labour pains. Feeling a protrusion from the vagina, she states she attempted with some force to deliver herself, and broke the presenting limb—an arm. In a moment of pain and frenzy she took a table knife from a tiffin basket, severed the limb above the elbow, and threw it from the carriage window. A few minutes after she alighted from the train, and walked half a mile home. When seen, an hour after this incident, a considerable quantity of arterial blood had escaped from the vagina into cloths and vessels, but an excellent pulse and an entire absence of pains hardly lent credence to her story. On examination the vagina was occupied by a ragged projection, which proved to be the "balance" of an arm presentation. The patient was placed under chloroform and much difficulty was experienced in turning, the management of a jagged stump greatly hindering manipulation. Eventually a full-grown, well-nourished male child was delivered dead, with the right arm severed about two inches above the elbow. There was no funis pulsation; the stump was pale and flaccid, with a general pallor of the entire skin. The uterus was douched twice daily with solution of perchloride of mercury, and the patient made a good recovery.

This case singularly illustrates the exemption from criminality where mutilation occurs before the child is free from the maternal passages.

West Cromwell road S.W.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

LONDON HOSPITAL.

FRACTURE DISLOCATION OF THE SECOND LUMBAR VERTEBRA; LAMINECTOMY; RECOVERY.

(Under the care of Mr. C. MANSELL MOULLIN.)

THE case is of interest from the way in which it illustrates an observation of Mr. Hutchinson that in fractures of the lumbar spine there is a possibility of recovery altogether unknown higher up in the region of the spinal cord, and also because it bears out the recommendation as regards treatment given by Thorburn for accidents of this particular locality—namely, that they should be left alone for a time to see how far spontaneous recovery will take place, and then, if this is not satisfactory, trephined before degenerative changes have advanced too far. In one point it differs materially from the majority of the cases he quotes. According to his observations, the nerves which emerge from the spinal foramina low down are always, or nearly always, more severely injured than those which issue higher up, and that in spite of the fact that while they are still contained in the spinal canal, they lie nearer the axis, and might therefore be expected to enjoy a greater degree of immunity. In this case, on the contrary, the one that suffered most was the second sacral, while the fourth must have escaped almost altogether. There was, it is true, retention of urine, but as it lasted only two days it can only have been due to shock; and though there was some doubt about it at first, certainly after he had been in hospital a week the external sphincter acted well. It is to be regretted that the cutaneous sensibility of the parts supplied by the pudic and lower sacral nerves was not noted. The nature of the injury does not admit of question: the second lumbar vertebra was displaced from the third. Probably as pure dislocation in this region is almost impossible, there was a fracture in connexion with the articular processes, but no evidence of it was obtained at the operation. The cord was above the level of the injury and escaped. So far as the nervous system was concerned, the whole of the violence fell upon the cauda equina; the nerves in the intervertebral foramina do not seem to have suffered. The conditions resulting from injury to the spine, for which Mr. Thorburn recommends operation, in addition to the injuries of the cauda equina, are meningeal hæmorrhage and impacted fracture of the lamina only. Much interesting information on this question may be found in his Jacksonian prize essay, as also in the papers by Gurlt,¹ Ashhurst,² and Werner.³

D. B—, thirty-eight years of age, a labourer, of average height and strength, was sent to the London Hospital on Jan. 7th, 1891, by Dr. H. C. Male of Grays, Essex, who also kindly forwarded the early notes of the patient. On Jan. 1st, while working in a chalk pit, a ledge upon which he was standing gave way, and he fell, with a considerable amount of debris, some five and twenty feet. He does not appear to have been buried or crushed in any way. For a few minutes he was unconscious; then he recovered sufficiently to sit up with assistance, but he did not make any attempt to stand—he felt he could not. His legs were completely paralysed, so far as motion was concerned; there was severe pain in his back, and what he described as pins and needles running down from his loins to his feet. A few hours later, after he had been carried home, he so far improved that he was able to move his right leg a little. Both legs felt numb; sensation was only slightly impaired upon the right side, but was almost lost upon the left.

Dr. Male, who saw him about an hour after the accident, finding there was considerable displacement, determined to

¹ Handbuch des Lehre von den Knochenbrüchen.

² Injuries of the Spine.

³ Die Trepanation der Wirbelsäule.